



ORTHODONTIC APPLIANCE PRESCRIPTION

See Sleep & Splint RX for sleep appliance, splints, & nightguards

2928 Metro St., Ste 102
 Denton, Texas 76207
 800-521-2351
 940-898-1400 Fax
 Texas Dental Lab Reg. #1442
 FDA Reg. #1000118628

www.fivestarortho.com

550-FRM-721-1 Rev B

**CALL DOCTOR
BEFORE FABRICATION**



PHONE # _____

DOCTOR NO.
DOCTOR
ADDRESS

**ALL CASES WILL HAVE MODELS
DUPLICATED UNLESS CHECKED**

NO DUPLICATE

PATIENT NAME	MALE FEMALE	AGE	DATE WANTED
ALIGNERS		DIAGNOSTIC SERVICES	
<input type="checkbox"/> U <input type="checkbox"/> L Tri-Aligner <input type="checkbox"/> 2 Series <input type="checkbox"/> 5 Series <input type="checkbox"/> 10 Series		Ceph Interpretation/ <input type="checkbox"/> Cast Analysis by Bobby Middle <input type="checkbox"/> <input type="checkbox"/> Sassouni Plus/LVI Digital Study Models <input type="checkbox"/> <input type="checkbox"/> Sassouni Plus/Gerber/USD1 <input type="checkbox"/> Rondeau <input type="checkbox"/> Other	
ACTIVE RETAINERS		FIXED FUNCTIONALS	
<input type="checkbox"/> U <input type="checkbox"/> L Bioliner Plus <input type="checkbox"/> U <input type="checkbox"/> L Spring Hawley <input type="checkbox"/> Reset		<input type="checkbox"/> U Rickonator <input type="checkbox"/> FS Gear <input type="checkbox"/> Gear in Acrylic <input type="checkbox"/> Mini Scope Herbst Gear <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Mara Gear <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Fixed Twin Block Gear <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> U Incisor Blocks	
FIXED EXPANDERS/SAGITTALS		FIXED RETAINERS	
<input type="checkbox"/> U RPE <input type="checkbox"/> U Mini RPE <input type="checkbox"/> U <input type="checkbox"/> L Williams <input type="checkbox"/> L Skeletal <input type="checkbox"/> U Adjustable Memory RPE <input type="checkbox"/> U Self-Activating Memory RPE <input type="checkbox"/> 6mm <input type="checkbox"/> 9mm <input type="checkbox"/> U <input type="checkbox"/> L Barrel 3-Way <input type="checkbox"/> Anterior Drive <input type="checkbox"/> Distal Drive <input type="checkbox"/> U FS Memory 3-way <input type="checkbox"/> U Spring Loaded Anterior Sagittal with locks <input type="checkbox"/> U <input type="checkbox"/> L Functional Holding Arch (FHA) <input type="checkbox"/> U <input type="checkbox"/> L Five Star Mixed Dentition Expander <input type="checkbox"/> U Fan Gear Expander <input type="checkbox"/> U <input type="checkbox"/> L Barrel Sagittal <input type="checkbox"/> Anterior Drive <input type="checkbox"/> Distal Drive <input type="checkbox"/> U <input type="checkbox"/> L Memory Sagittal <input type="checkbox"/> Anterior Drive <input type="checkbox"/> Distal Drive <input type="checkbox"/> U <input type="checkbox"/> L CD Distalizer <input type="checkbox"/> Transverse Gear <input type="checkbox"/> U <input type="checkbox"/> L Arnold (E- Arch) <input type="checkbox"/> U NPE <input type="checkbox"/> U Pendulum <input type="checkbox"/> U Quad Helix <input type="checkbox"/> U <input type="checkbox"/> L Wilson Type _____ <input type="checkbox"/> Class 3 Hooks <input type="checkbox"/> Tandem Bow		<input type="checkbox"/> U <input type="checkbox"/> TPA <input type="checkbox"/> Nance <input type="checkbox"/> Combo <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> 2x2 <input type="checkbox"/> 3x3 <input type="checkbox"/> Transfer Tray <input type="checkbox"/> EZ Bond <input type="checkbox"/> U <input type="checkbox"/> L Lingual Arch <input type="checkbox"/> Omega Loops <input type="checkbox"/> U <input type="checkbox"/> L Band & Loop <input type="checkbox"/> Pontic: Tooth # _____ Shade _____	
HABIT APPLIANCES		BRACKETS	
<input type="checkbox"/> U Myofunctional Tongue Bead <input type="checkbox"/> U Bluegrass Appliance <input type="checkbox"/> U Tongue Fence <input type="checkbox"/> U Thumb Crib <input type="checkbox"/> U Tongue Habit Appliance (see website for picture)		<input type="checkbox"/> U <input type="checkbox"/> L IDB Bracket Type: _____ <input type="checkbox"/> U <input type="checkbox"/> L Molar Bands <input type="checkbox"/> 1st <input type="checkbox"/> 2nd *Please indicate which teeth to place brackets: <input type="checkbox"/> 5x5 <input type="checkbox"/> 6x6 <input type="checkbox"/> 7x7	
REMOVABLE RETAINERS		<input type="checkbox"/> Assure Plus * See fivestarortho.com for color chart	
<input type="checkbox"/> U <input type="checkbox"/> L Hawley <input type="checkbox"/> Acrylic Cap <input type="checkbox"/> Wraparound <input type="checkbox"/> U <input type="checkbox"/> L Essix <input type="checkbox"/> Reset <input type="checkbox"/> Scallop <input type="checkbox"/> U <input type="checkbox"/> L Zendura <input type="checkbox"/> Reset <input type="checkbox"/> Scallop <input type="checkbox"/> Pontic: Tooth# _____ Shade _____			
REMOVABLE EXPANDERS/SAGITTALS			
<input type="checkbox"/> U <input type="checkbox"/> L Schwarz <input type="checkbox"/> 3-way <input type="checkbox"/> Anterior Drive <input type="checkbox"/> Distal Drive <input type="checkbox"/> U <input type="checkbox"/> L Sagittal <input type="checkbox"/> Anterior Drive <input type="checkbox"/> Distal Drive <input type="checkbox"/> U Anterior Sagittal with S bow <input type="checkbox"/> 3-way <input type="checkbox"/> U Fan Gear Schwarz <input type="checkbox"/> Pontic: Tooth# _____ Shade _____			
REMOVABLE FUNCTIONALS		INSTRUCTIONS	
<input type="checkbox"/> U Removable Rickonator <input type="checkbox"/> Gear <input type="checkbox"/> Twin Block Gear <input type="checkbox"/> U <input type="checkbox"/> L		_____ _____ _____	

DOCTOR SIGNATURE REQUIRED

Signature _____ License _____ Date _____

